Under the Pap	etwork Re	eduction Act of 1995	. no nersons	U.S.	Patent and T	rademark (Office: (PTO/SB/21 (09-04) through 07/31/2006. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.
		<u> </u>		Application Number	10/772,17		1810-8-52 14	SISSISTE A STATE CAN CONTROL HOLLDS!
TR	ANS	MITTAL		Filing Date	February 4	, 2004		
•	FO	RM		First Named Inventor	Rene E. K	ristiansen		RECEIVED
				Art Unit	2633	· · · · · ·		CENTRAL FAX CENTER
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Total Number of	<u>-</u>		20	Attorney Docket Number	PA 06 001	3		JUL 0 7 2006
			ENCL	OSURES (Check al	i that apply	·)		
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		SIGNA	TURE O	F APPLICANT, ATTO	RNEY, C	R ÄGE	NT	
		Operations, Inc.						
Signature	au	y lh Sew	John			_		
Printed name	Cheryl N	//. Femandez						
Date	July 7, 2	2006			Reg. No.	52,611		
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I hereby certify tha sufficient postage a the date shown be	as first c	rrespondence is b lass mail in an env	elng facsin velope add	nile transmitted to the USP1 tressed to: Commissioner fo	O or depos r Patents, F	ited with P.O. Box	the Un 1450, A	ited States Postal Sarvice with Nexandria, VA 22313-1450 on
Signature		Cluy In	Den	andr			•	
Typed or printed na	ame	Cheryl M. Ferna	ndez				Date	July 7, 2006

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Name (Print/Type) Cheryl M. Fernandez

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NO. 827

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006, OMB 0651-0032

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A P a alaima a all		- Con 27 CER 1 27		Examiner Name	Quan 2	hen Wang	<u> </u>
Applicant claims small	entity status	i. See 37 CFR 1.27		Art Unit	2633		
TOTAL AMOUNT OF PAY	MENT (\$)) 120.00		Attorney Docket I	No. PA 06	0013	
METHOD OF PAYMENT	ſ (check al	that apply)					
Check Credit C	Card	Money Order] _{Nor}	ie Other (ple	case identify):		
Deposit Account De	eposit Accour	nt Number: 500654		Deposit Acc	ount Name: Tel	labs Ope	rations, Inc.
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under 37 CFR warning: Information on this	form may be	ecome public. Credit c	ard inf	ormation should not	t be included on	this form. Pr	rovide credit card
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FEE CALCULATION							,
1. BASIC FILING, SEAR	RCH, AND I FILING I	EXAMINATION FE	EES Seaf	RCH FEES	EXAMINATION	ON FEES	
	· <u>s</u>	Small Entity		Small Entity	Sm	all Entity	Food Baid (\$)
Application Type	Fee (\$)		Fee (\$			ee.(\$)	Fees Paid (\$)
Utility	300		500	250		100	
Design	200		100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	:S					Fee (\$)	Small Entity
<u>Fee Description</u> Each claim over 20 (i	naludina I) airman)				50	<u>Fee (\$)</u> 25
Each independent cla	im over 3	(including Reissue	rs:			200	100
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3. APPLICATION SIZE I If the specification and	drawings	exceed 100 sheets	ofna	ner (excluding el	lectronically t	filed seque	ence or computer
listings under 37 CI	FR 1.52(e)), the application s	ize fe	e due is \$250 (\$1	125 for small	entity) for	each additional 50
sheets or fraction th	ereof. Sev	2 35 U.S.C. 41(a)(1	1)(G)	and 37 CFR 1.16	6(s).		
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Signature (My	<u> </u>	Janes .		(Altomey/Agent)	52,611	Telepho	one 630-798-3019
Vame (Print/Type) Cheryl M	Fernandez	• :				Date Jul	ly 7, 2006

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Registration Number, if applicable Re: Serial No. 10/772,173 Filed: February 4, 2004 Title: BIDIRECTIONAL ROUTER AND A METHETE: Each paper must have its own cert must identify each submitted paper. Certificate of Transmission under 37 CFR 1.8	Phone: 630-798-3019 Fax: 630-798-3231 Die Telephone Number Attorney Docket No. PA 06 0013 In Application of Rene E. Kristiansen IOD OF BIDIRECTIONAL AMPLIFICATION _, difficate of transmission, or this certificate of transmission, or this certificate of transmission. 6. Replacement Drawing Sheet (page no. 1) 7. Fee Transmittal FY 2005 - In duplicate pages)

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